DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

Ibelieve I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 cl below, of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR ACCESS ELECTRONIC DATA VIA A FAMILIAR PRINTED MEDIUM, the specification of which:

is attached hereto

X was filed on May 25, 1994 as Application Scrial No. 08/250799

(for declaration not accompanying application)

with amendment(s) filed

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referrabove.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulat §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed b and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is clai

EARLIEST FOREIGN APPLI	CATION(S), IF ANY, FILED PRICE	OR TO THE FILING DATE OF THE	APPLICATION	
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119/172	
			YES 🗆	№ □
			YES 🗆	№ □
			YES O	но п
			YES []	NO 🗆

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of prior application and the national or PCT international filing date of this application:

			STATUS			
APPLICATION SERIAL NO.	FILING DATE	PATENTED	PENDING	ABANDONED		

POWER OF ATTORNEY: As a named inventor, I hereby appoint John F. Ward (Reg. No. 33,811) and John W. Olivo, Jr. (Reg. No. 35,634), whose address is & Olivo, 708 Third Avenue, New York, New York 10017, and each of them, my attorneys, to prosecute this application, and to transact all business in the 3 and Trademark Office connected therewith.

ADDRESS

11 34.13

SEND CORRESPONDENCE TO: WARD & OLIVO DIRECT TELEPHONE CALLS TO: 708 THIRD AVENUE WARD & OLIVO NEW YORK, NEW YORK 10017 (212) 697-6262 MIDDLE NAME LAST NAME PIRST NAME **FULL NAME RATHUS** SPENCER Α. OF INVENTOR 2 YATHUO HOEMON NO STATE COUNTRY OF CITIZENSIUP RESIDENCE & 0 UNITED STATES OF AMERICA SHORT HILLS **NEW JERSEY** CITIZENSHIP POST OFFICE ADDRESS STATE OR COUNTRY aty ZIP CODE POST OFFICE 31 KNOLLWOOD ROAD SHORT HILLS **NEW JERSEY** 07078 **ADDRESS** FIRST NAME LAST NAME MUDDLE NAME **FULL NAME** NEVID **JEFFREY** S. OF INVENTOR 2 CITY STATE OR PORTION COUNTRY COUNTRY OF CITIZENSIUP RESIDENCE & 0 **NEW YORK NEW YORK** UNITED STATES OF AMERICA CITIZENSHIP 2 POST OFFICE ADDRESS STATE OR COUNTRY ZIP CODE POST OFFICE 382 CENTRAL PARK WEST, #11D **NEW YORK** NEW YORK 10025 **ADDRESS** LAST NAME FIRST NAME MIDDLE NAME **FULL NAME** FICHNER-RATHUS LOIS OF INVENTOR 2 STATE OR POREIGN COUNTRY COUNTRY OF CITIZENSIBP **RESIDENCE &** 0 SHORT HILL **NEW JERSEY** UNITED STATES OF AMERICA CITIZENSHIP POST OPFICE ADDRESS STATE OR COUNTRY POST OFFICE 31 KNOLLWOOD ROAD SHORT HILLS **NEW JERSEY** 07078 **ADDRESS** MIDULE NAME LAST NAME FIRST NAME **FULL NAME** OF INVENTOR 2 COUNTRY OF CITIZENSINE STATE OR FORDIGN COUNTRY arr RESIDENCE & 0 CITIZENSHIP 4 POST OFFICE ADDRESS απ STATE OR COUNTRY ZIP CODE POST OFFICE **ADDRESS** LAST NAME FIRST NAME -MIDDLE NAME **FULL NAME** OF INVENTOR 2 STATE OR FOREION COUNTRY COUNTRY OF CITIZENSIEF atr RESIDENCE & 0 CITIZENSHIP 5 ZIP CODE POST OFFICE ADDRESS OTY STATE OF COUNTRY POST OFFICE **ADDRESS** LAST NAME FIRST KAME MIDDLE NAME **FULL NAME** OF INVENTOR 7 att YATHUO HOESTOR TO STATE COUNTRY OF CITIZENSIES RESIDENCE & 0 CITIZENSHIP ZIP CODE STATE OR COUNTRY POST OFFICE ADDRESS CITY POST OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 200 S- Min	GUNATURE OF INVENTOR 203 Wis 17 Cling-Ractius
DATE 6/23/94	DATE 6/24/94	6/23/94
SIGNATURE OF INVENTUR 204	SIGNATURE OF INVENIOR 205	Signature of inventor 206
DATE	DATE	DATE